MARYLAND HEALTH CARE COMMISSION

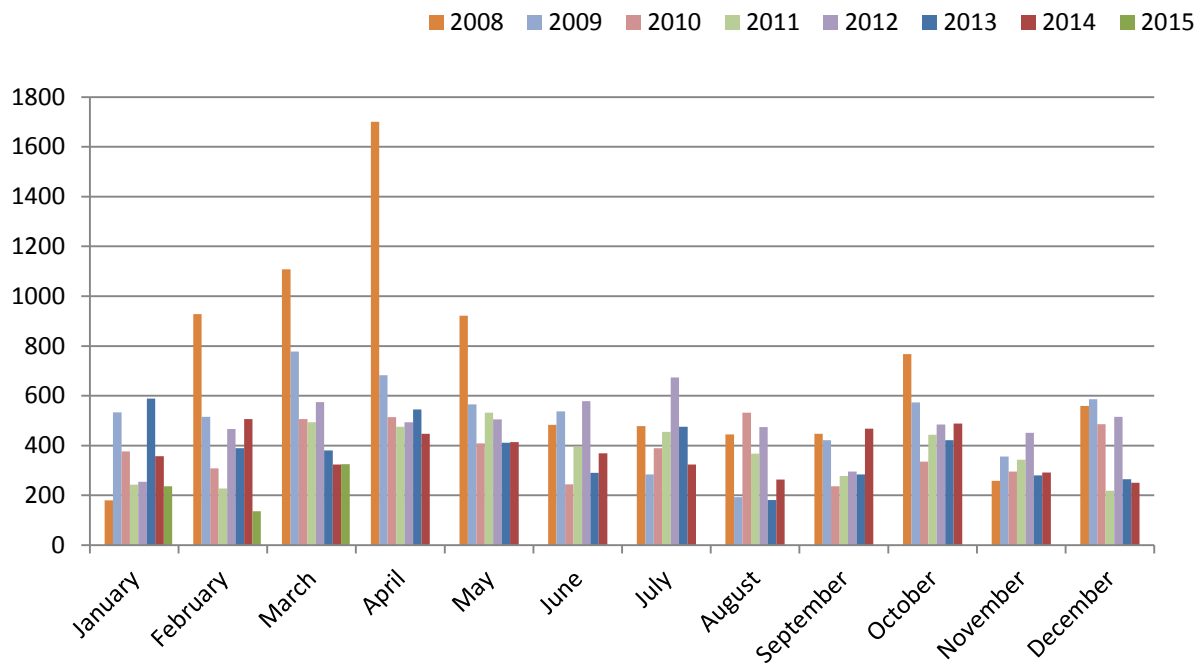
UPDATE OF ACTIVITIES

June 2015

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2015



Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of $324,638 for the month of March 2015. The monthly payments for uncompensated care from January 2008 through March 2015 are shown above in Figure 1.

TraumaNet
Staff attended and presented on the status of the Trauma Fund at the quarterly meeting of TraumaNet on May 13, 2015.

On Call Stipends
The January through June 2015 on call applications are due to the Commission on July 1, 2015.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

Professional Services Report

In response to a legislative mandate, the Commission has been reporting annually on pricing of professional services. At its origin, the goal was to provide information to policymakers, providers, and payors regarding the variations in rates for professional services. These reports include analyses of variation by payor market share, in vs. out-of-network rates, region, and type of service, and include comparisons to Medicare and Medicaid payment rates. While early reports yielded valuable insights into pricing variation, recent reports have not revealed much new information, as the trends have been stable over time. With this in mind, at the Commission meeting on May 15, 2014, staff has shifted the focus to be a high-level monitoring report. Staff will briefly present findings from the most recent update to this report, which makes use of the 2013 MCDB data. The report found a marginal decrease in payment rates between 2012 ($35.41/RVU) and 2013 ($35.11/RVU). The largest payors pay about 9% less per RVU than other payors. Commercial plan rates are about 6% lower than Medicare rates in this analysis, which is consistent with past findings that rates are roughly equivalent. A shift was seen in the comparison of commercial rates to Medicaid. Whereas we found that commercial rates were on average 30% higher relative to Medicaid rates in the past, it is now on average 8% higher. The substantial drop is attributed to increases in Medicaid payment rates for primary care evaluation and management services. These increases are required in the ACA, with the federal government paying the increase up to the Medicare rate.

Data Release Policy Implementation and Recognition of JHSPH IRB

MHCC staff has commenced implementation of the Data Release Policy approved at the March Commission meeting. The Staff Review Committee will meet on the fourth Thursday of every month to review applications and make recommendations. Once recommended for approval, applications will be presented at the next Commission meeting for a decision on approval. Commission review of applications are expected this summer. MHCC received pre-applications from George Mason University and RTI International in advance of the May meeting of the committee. The committee reviewed the applications and provided feedback on the proposed research, data request, and provided the cost invoice for the data. These applicants are expected to submit complete applications in the coming months.

Physician Dashboard

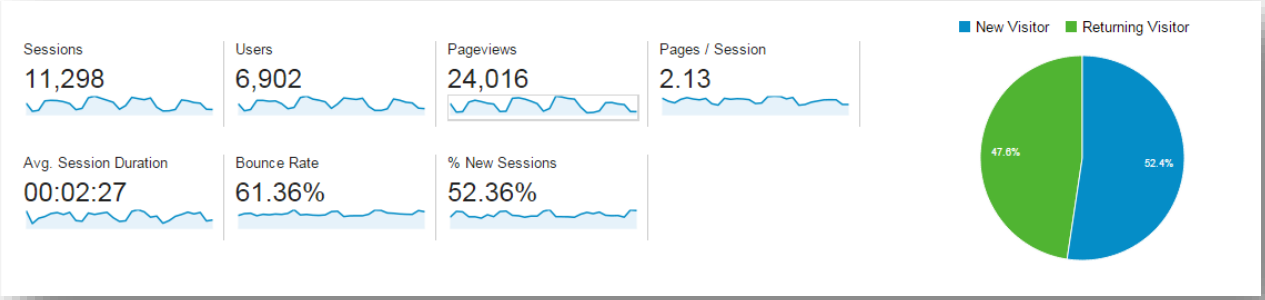
As part of the third phase of the Maryland Health Workforce Study, MHCC has been working with the professional boards to update their license renewal applications to better meet the data demands of workforce analyses. With funding support from the Governor's Workforce Investment Board (GWIB), MHCC has also been developing a public dashboard to display data on physicians, which was the segment with the most comprehensive data. The dashboard provides maps of the distribution of physicians overall and for primary care providers, mental health providers, and OB/Gyn. The dashboard also allows the users to filter and explore the data by age, gender, race, EMR adoption, specialty, setting, and acceptance of Medicare, Medicaid, and private insurance members. Staff has completed the initial build and is seeking feedback from GWIB and other stakeholders. The dashboard will be made public once stakeholder review and any needed updates are completed.

MCDB Portal and ETL Development

A complete version MCDB Portal and ETL System are in production now. The team has moved to a maintenance phase with planned updates expected over the course of the next year. Payors are currently submitting 2015 Q1 data on the website. One important update will be to address claims versioning, which has become a critical issue with receiving incremental paid claims files. Staff worked to develop a design plan to create a cross-payor methodology to handle the varied claims versioning approaches taken by payors. This design plan is under review and testing by the Social and Scientific Systems staff. Following a business and rules requirements phase, development, testing, and implementation phases will follow.

Internet Activities

Data from Google Analytics for the month of May 2015



- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

As shown in the chart above, the number of sessions to the MHCC website for the month of May 2015 was 11,298 and of these, there were 52.36% new sessions. The average time on the site was 2:27 minutes. Bounce rate of 61.36 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, hscrc.state.md.us. Among the most common search keywords in May were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

Table Web Applications Under Development

Board	**Anticipated Start Development/Renewal**	**Start of Next Renewal Cycle**
PCMH Public Site	Updates	Migrated to Cloud Server
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Migrated to Cloud Server
PCMH Practices Site (New)	On-going Maintenance	QM Completed
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Site(13 sites)	Redesign New Credit card Interface	Social Work being Updated New Board of Optometry Live New Board of Physical Therapy Examiners Live MMCC - Updated
Physician Licensing	Completed	Completed
CCRC	*NEW*	Completed / Testing
Health Insurance Partnership Registry Site	Taking Down	Auditing payments for several employers (Ongoing)
Hospice Survey 2014		LIVE
Long Term Care 2014 Survey		

		LIVE
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	LIVE
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	LIVE	SEARCH ENGINE COMPLETED

Database Development & Applications

Data Processing

- Processed full calendar year 2014 inpatient, outpatient and chronic datasets
- Data release application development ongoing
- MHCC archive site development ongoing
- Participated in training on healthcare data protection essentials, password security, ICD-10 implementation
- Overhauled Trauma file folders and structure
- Updated psychiatric hospital format libraries
- Participated in Minimum Data Set training
- Fulfilled a data request on Primary Care for the Board of Physicians
- Participating in palliative care and long term care planning meetings
- Private insurance professional file data preparation for the Industry pricing portal

Web Development/Updates

- Updated commissioner's site, MHCC site and workgroup sites for the April meetings; updated web pages for EHN product portfolio, EHN certification, meeting schedules, careers, trauma, Crisp report, electronic health, and PCMH
- Google analytics now working on the MHCC site
- Researching capability to use MonAHRQ with APCD data.
- Fixed null data field issues on the Health Care Worker survey and resolved login issues
- Long Term Care site: updated nursing home resident characteristics data, ; services search improved; working with OHCQ to improve assisted living inspection reporting
- Home Health Survey: navigation links updated

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The June 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 33rd edition of the NOAS News & Notes newsletter. Features:

- Spam
  - Provided information reminder about the dangers of opening spam emails
  - Reminders about the proper usage of the Maryland.gov email account
- Refreshing System Resources
  - Need to restart workstations to flush computer memory banks, receive necessary security patches and receive necessary operating system updates
  - Reminder for the following:
    - Non-remote User should shut down workstation & monitor at the end of every workday
    - Remote Users should reboot workstations at least twice per week; should turn off monitors at the end of each work day

Special Projects

Health Insurance Rate Review and Medical Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants

During the Fall of 2013, CMS/CCIIO awarded a federal grant to MHCC, under its Cycle III rate review/medical pricing transparency grant program, for nearly $3 million over a 2-year time period (October 1, 2013 through September 30, 2015). This grant funding allows MHCC to assist the MIA in rate review activities, and enhance Maryland's medical pricing transparency efforts. The grant money is used to speed up processing of MCDB data submissions so that the MIA has timely access to the data. The funds also will be used to create software that will automatically generate measures the MIA deems important for rate review. The accelerated processing of MCDB data submissions is being achieved through the use of Extract, Transform and Load (ETL) software that screens data submissions for quality and completeness at the point of data submission and rejects submissions that do not comply with the screening criteria. The ETL software was obtained through SSS, our current database/ETL contractor, and includes the flexibility to employ payer-specific screening criteria that reflects waivers granted to payers by the MHCC for deviations from established data completeness thresholds. The ETL portal went live for carrier data submission on September 30, 2014. Quarterly data submissions continue and, if data issues are discovered, carriers are resubmitting data from earlier quarters, with a smooth and timely data reconciliation process. The portal continues to be built out, with Tier 3 full automation now in production. In addition, staff continues working with the database contractor and the PMO on the design, development, and implementation of a data warehouse, which is expected to be completed by the end of summer 2015.

On September 19, 2014, MHCC was awarded a Cycle IV federal grant from CMS/CCIIO, totaling more than $1.1 million dollars over a two-year time period (September 19, 2014 through September 18, 2016), to further expand the MCDB to support additional rate review and pricing transparency efforts in Maryland. With Business Intelligence (BI) software now procured from Tableau to support the development of dashboards to be displayed on MHCC's consumer and provider portals, as well as data displays to support MIA's enhanced rate review process, staff prepared a sole source contract with SSS to provide technical and infrastructure support to Tableau. That contract was approved by DoIT on June 8, 2015. To further support that project, staff is drafting an RFP to procure a website development vendor to provide health care decision support for the website application. The draft RFP will be sent to DoIT in June for preliminary approval, and is expected to be released via eMarylandMarketplace in late June.

Freedman Healthcare, MHCC's Project Management Office (PMO), continues to manage the duties of the database/ETL contractor to ensure that all milestones established in the Cycle III and Cycle IV grants are met. MHCC's Methodologist assists the PMO with specific grant initiatives, specifically with MCDB decision support to the MIA in evaluating the MCDB for rate review activities. The Methodologist and Freedman continue meeting with Maryland's large insurance carriers to discuss a data validation process with the goal of reconciling APCD data and data received by the MIA in Actuarial Memoranda (AM) as part of carrier rate filings. Freedman is also assisting staff in the draft of the website development RFP.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.17, Cardiac Surgery and PCI Services

The Cardiac Services Advisory Committee (CSAC) met on May 13, 2015 to review comments received on proposed changes to COMAR 10.24.17, the State Health Plan chapter addressing cardiac surgery and percutaneous coronary intervention (PCI) services. Draft changes were posted on the MHCC website and comments were solicited in April. The changes primarily involved providing more specific guidance to PCI programs on the requirements for independent external review of PCI cases. There was also a discussion of staff's work with several members of the CSAC on the manner in which "cardiac surgery" should be defined

and how that definition should be used in the context of the cardiac surgery case volume standards of the Plan chapter. Based on the comments submitted and a discussion of these comments at the May CSAC meeting, staff is planning to post draft Plan changes and solicit a second round of informal comments in June with the goal of presenting proposed amendments to COMAR 10.24.17 at the July Commission meeting for consideration.

State Health Plan Update: COMAR 10.24.15, Organ Transplantation Services
The Organ Transplant Work Group met on May 27, 2015. Discussion focused on the manner in which the current Plan provides for regional opportunities to propose new organ transplantation programs and the potential for modifying the Plan to place greater weight on case volume as a threshold trigger for allowing consideration of new program proposals. The next and final meeting of this work group that will be held on July 14, 2015.

Development of State Health Plan Regulations for Freestanding Medical Facilities
Staff continues to work on drafting regulations for freestanding medical facilities. Staff also sent letters inviting specific organizations to nominate someone to participate in work group that will assist in development of this new plan chapter. Most organizations contacted have submitted their nominations. Posting of a draft Plan chapter for informal review and comment is planned for June with a meeting of the work group to follow in July.

Other Activities
MHCC hosted the Spring Meeting of the Maryland Cardiac Surgery Quality Initiative on May 14, 2015.

A first audit of the data that hospitals submit to the Society of Thoracic Surgeons (STS) data registry and MHCC continues and data collection is nearly complete. Staff currently anticipates that the audit will be completed before the end of November.

Long Term Care Policy and Planning

Minimum Data Set Project
Commission staff continues to work with Myers and Stauffer (contractor) via bi-weekly phone conference calls to further refine the MDS Manager program, which now includes MDS 2.0, as well as MDS 3.0, and incorporates updates as CMS revises versions of MDS 3.0. Work has been completed on programming MDS data to support the Consumer Guide for Long Term Care, as well as programming MDS data to support the Long Term Care Survey and various component reports. Developmental work on the Nursing Home Occupancy Report has also been completed.
CMS requires an annual renewal of the Data Use Agreement (DUA) that enables the MHCC and Myers and Stauffer to have access to MDS data for Maryland nursing homes. That DUA has now been extended through March of 2016.

Hospice Survey
Data collection for the FY 2014 Maryland Hospice Survey is nearly complete. Part I data has been reviewed and completed for all hospice programs. Part II data is due on June 8, 2015.

Updating the Home Health Agency (HHA) Chapter to the State Health Plan
Staff is completing work on a draft update of the HHA Chapter of the State Health Plan. (The current regulations can be found in COMAR 10.24.08. A new plan chapter just for HHA services will be produced as COMAR 10.24.16.) It is anticipated that a draft Plan chapter will be posted for informal review and comment in June. It will reflect input gathered from an HHA Advisory Group that met between February and April of this year. The agendas, meeting summaries, White Paper, and copies of the presentations as well as the Advisory Group's membership roster are available on the Commission's website at
http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hha.aspx

Home Health Survey
Data collection for the 2014 Home Health Agency Annual Survey was launched on May 21, 2015. Fifty-seven agencies will participate in the statewide survey. Survey responses are due no later than July 20, 2015.

Long Term Care Survey
Responses to the Maryland Long Term Care Survey for Assisted Living, Chronic Care Facilities and Adult Day Care Programs were due on May 21, 2015. Twenty-five providers (22 assisted living and 3 adult day care providers) failed to meet this deadline and have been notified that they are subject to fines as a result of their failure to timely respond.

Certificate of Need

CON Letters of Intent
Shady Grove Fertility Center – (Montgomery County)
Relocation of the existing ambulatory surgery center from 15001 Shady Grove Road, in Rockville to a new site at 9601 Blackwell Road, in Rockville and the addition of one operating room and two procedure rooms. The facility currently has two operating rooms and four procedure rooms.

Pre-Application Conference
Shady Grove Fertility Center – (Montgomery County)
May 18, 2015

First Use Approval
Peninsula Regional Medical Center – (Wicomico County) – Docket No. 10-22-2313
Renovation and expansion of the surgical suite.
Final Cost: $17,955,000

National Lutheran Home and Village at Rockville – (Montgomery County) – Docket No. 11-15-2319
Partial First Use Approval – Phase 4 of 5
New construction and modernization of the comprehensive care facility (CCF). The project involves the elimination of 140 CCF beds and the addition of an assisted living facility
Approved Cost: $40,299,323

Johns Hopkins Bayview Medical Center – (Baltimore City) – Docket No. 11-24-2321
Renovation and expansion of the emergency department, a reduction in pediatric bed capacity, and the addition of obstetric bed capacity (no net change in acute care bed capacity).
Final Cost: $40,098,889

Johns Hopkins Bayview Medical Center – (Baltimore City) – 11-24-2322
Expansion and renovation of the Bayview Medical Office building to establish a comprehensive cancer program on the hospital campus.
Final Cost: $26,057,437

Talbot Hospice Foundation – (Talbot County) – Docket No. 14-20-2353
Establish a general hospice serving Talbot County
Final Cost: $225,100

Magnolia Gardens – (Prince George's County) – Docket No. 11-16-2315
Relocation and replacement of a 104-bed CCF with a 130-bed CCF on the campus of Doctors Community Hospital in Lanham. There was no net increase in the CCF bed capacity of Prince George's County. The 26 additional beds were previously operated at Gladys Spellman Hospital.
Final Cost: $20,326,389

Determinations of Coverage

- **Ambulatory Surgery Centers**

Frederick UroSurgical Center – (Frederick County)
Voidance of previously authorized determination of coverage to establish a physician outpatient surgery center at 100 Baughmans Lane, Suite 201, in Frederick due to failure to establish within the required two years following the determination of coverage.

Bay Surgery Center, LLC – (Anne Arundel County)
Change in the majority ownership of the existing surgery center located at 116 Defense Highway, Suite 403, in Annapolis

Bay Surgery Center – Glen Burnie – (Anne Arundel County)
Change in the majority ownership of the existing surgery center located at 7671 Quarterfield Road, Suite 301, in Glen Burnie

Bay Surgery Center – Kent Island – (Queen Anne's County)
Change in the majority ownership of the existing surgery center located at 120 Sallit Drive, Suite D, in Stevensonville

Bay Surgery Center – Waldorf – (Charles County)
Change in the majority ownership of the existing surgery center located at 2960 Technology Place, Suite 103, in Waldorf

- **Acquisitions/Change of Ownership**

Caroline Nursing & Rehabilitation Center – (Caroline County)
Acquisition of Caroline Nursing & Rehabilitation Center by Aurora Holdings CIII, LLC
Purchase Price: $10,000,000

Springbrook Center (Genesis) – (Montgomery County)
Acquisition of Springbrook Center by New Hampshire Avenue, LLC. The CCF will be operated by NMS Healthcare of Springbrook, LLC under a lease arrangement.
Purchase Price: $9,100,000

- **Other**
  - **Delicensure of Bed Capacity or a Health Care Facility**

South River Health & Rehabilitation Center – (Anne Arundel County)
Temporary delicensure of four CCF beds

The Villa – (Baltimore County)
Temporary delicensure of the 30-bed CCF.

  - **Miscellaneous**

General German People's Home of Baltimore d/b/a Edenwald – (Baltimore County)
Addition of seven CCF beds, increasing total bed capacity to 93. Authorized as "waiver" beds under the terms of COMAR 10.24.01.03.

- **Other**

HomeCall – (Washington County)
Relocation of the branch office from 131 King Street, to 1101 Opal Court, Suite 301, in Hagerstown

HomeCall – (Anne Arundel County)
Relocation of the branch office from 130 Admiral Cochrane Drive, Suite 103 to 180 Admiral Cochrane Drive, Suite 301, in Annapolis

Health Information Technology

Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. The committee finalized comments in response to the Meaningful Use Stage 3 Notice of Proposed Rulemaking that was released on March 30th by the Centers for Medicare & Medicaid Services (CMS). Comments focused on privacy and security issues related to increasing patient access to health data via view, download, and transmit technologies and application programming interfaces. The Committee expressed concern about potential privacy and security risks associated with increasing electronic patient access to health information. These include risks patients may encounter when taking control of this information or having it sent directly to others, as well as risks providers may encounter from connecting to patient devices or applications.

During the month, staff began drafting the annual report, *Health Information Technology, An Assessment of Maryland Hospitals* (report). Adoption of health IT among all 47 acute care hospitals in Maryland is detailed in the report, including their use of electronic health records (EHRs); computerized physician order entry; clinical decision support; electronic medication administration records; bar code medication administration; infection surveillance software; electronic prescribing; health information exchange (HIE); telehealth; and patient portals. Hospitals' participation in the Medicare and Medicaid EHR Incentive Programs is also highlighted. The report benchmarks Maryland hospitals' health IT adoption against national adoption rates. This year's survey inquired about the types of services offered by hospitals through their patient portals, such as check test results. Preliminary findings reveal that nearly 85 percent of Maryland hospitals allow patients to check test results via their patient portal, compared to roughly 82 percent of hospitals nationally. The report is planned for release this summer.

A meeting with local health departments (LHDs) and the Department of Health and Mental Hygiene (DHMH) was convened by staff to discuss peer-to-peer learning regarding the use of EHRs. This initiative aligns with an EHR environmental scan (scan) conducted by staff in the fall of 2014. The scan findings revealed leading challenges for LHDs around health IT adoption, including the cost to acquire, update and maintain the system; ability for the EHR to meet program needs; and limited availability of technical resources. LHDs noted that enhancing collaboration among each other on matters of technology would be valuable and contributed to the development of an *LHD EHR User Resource Guide* (guide) that aims to facilitate learning across LHDs. Meeting participants suggested expanding the guide to include information on how LHDs are using their EHR in regards to somatic care, behavioral health, and billing. During the meeting, staff also discussed its plan to host virtual learning sessions that will feature select topics of interest identified by LHDs. Staff anticipates the virtual learning sessions to begin in the summer and to finalize the guide in the fall.

Staff continued to assess EHR adoption and use among comprehensive care facilities (CCFs) in Maryland, based on data collected through Maryland's Annual Long Term Care (LTC) Survey. Staff has determined that while nearly 72 percent of CCFs have purchased an EHR, implementation of system functionality varies across CCFs. Over the last month, staff worked with stakeholders to identify a core set of EHR features that constitute a basic level of EHR use by CCFs. Stakeholders agreed that basic EHR use includes activities of daily living; allergy list; care plans; demographic characteristics of residents; diagnosis or condition list; discharge summaries; vital signs and laboratory data. An assessment of the data using this categorization indicates that approximately 33 percent of CCFs have implemented an EHR at the basic level. Findings from the survey will be detailed in the *Adoption of Health Information Technology among Comprehensive Care Facilities in Maryland* report. The report will also include information on the national LTC health IT landscape. Staff plans to release the report in the summer.

Health Information Exchange

During the month, staff participated in a meeting of the Chesapeake Regional Information System for our Patients (CRISP) Technology Committee. Members discussed upcoming query capability to DHMH Immunet, which provides information on patient immunization history. This new enhancement to CRISP services is expected to go live by the end of June. In addition, staff participated in a meeting of the CRISP Clinical Committee where members discussed a use case pilot that would enable health departments in Maryland and DC to access clinical data available in the query portal. The information would allow health departments to collect medical information that could be used to inform prevention planning and policy development. Preliminary activities for the annual financial audit of CRISP are currently underway. The financial audit will assess CRISP accounting practices, including their management of certain programs funded by federal grants that are required to be audited annually. CliftonLarsonAllen will be conducting the audit and anticipates fieldwork to commence in September.

Staff continues to provide support to CRISP and Cyfluent, a Maryland-based electronic health network (EHN or network), in developing a proof-of-concept that would enable CRISP to receive electronic administrative transactions from ambulatory practices. During the month, CRISP and Cyfluent tested select data elements for electronic claims transactions. The data elements will be used by CRISP to issue electronic alerts to care managers when a patient has an encounter with another provider. The pilot is scheduled to begin in the summer with a six-month timeframe. Staff is also in preliminary discussions with Emdeon, an EHN considered to be one of the largest networks in Maryland and nationally, regarding use of select administrative transactions originating with Maryland providers.

The HIE Policy Board (Board), a staff advisory workgroup, met during the month to finalize a policy related to the release of secondary data from an HIE to certain entities for research purposes. Staff will utilize the policy to help guide the development of amendments to the existing regulations, COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*. Staff plans to convene the Board next month to discuss other areas of the regulations that: (1) need more clarification or specificity to ensure the privacy and security of protected health information exchanged by an HIE; and (2) should be revised to ensure that the requirements are technically and financially feasible for an HIE to implement and maintain. The draft amendments are expected to be released in September for informal comment.

Collaboration with CRISP and five community pharmacy sites participating in the Community Pharmacy HIE Access Pilot (pilot) continued during the month. The pilot was developed by a workgroup consisting of various stakeholders with the aim of expanding CRISP services to roughly 1,600 community pharmacies in the State. The CRISP Query Portal currently provides authorized pharmacists that work in community settings with access to Prescription Drug Monitoring Program (PDMP) data, which includes information on patients' fill history of controlled dangerous substances. Enabling community pharmacists to have access to other available clinical information (e.g., medication history, laboratory results, radiology reports, and transcribed reports) can improve care delivery. The pilot will be implemented over a six-month period. Next month, the workgroup is expected to finalize the criteria used to assess the pilot. Staff also held an initial planning meeting with representatives from the Maryland Chapter of the American Society of Consultant Pharmacists to explore opportunities to develop a similar pilot for consultant pharmacies.

Staff began analyzing survey responses received by State-regulated payors (payors) and pharmacy benefits managers (PBMs) regarding their implementation of electronic preauthorization. Health-General Article § 19-108.2 (2012) required MHCC to work with payors and PBMs to implement a series of online processes for electronic preauthorization requests. The law was amended in 2014 requiring certain payors and PBMs to allow providers to override a step therapy or fail-first protocol for electronic pharmaceutical preauthorization requests by July 1, 2015. The survey questions capture information on the status of payors' and PBMs' implementation of the electronic override process, as well as their efforts to inform and educate providers about the availability of their online preauthorization system. A report is due to the Governor and General Assembly by December 2015.

During the month, staff awarded three telehealth grants where telehealth technology will be used to demonstrate the impact on care delivery, the patient experience, and health care costs. The three grantees include: (1) Crisfield Clinic, LLC; (2) Lorien Health Systems; and (3) Union Hospital of Cecil County. Crisfield Clinic, a family practice clinic in Somerset County, will deploy telehealth in two county schools to address asthma, diabetes, childhood obesity, and behavioral health issues. Lorien Health Systems' skilled nursing facility and residential service agency in Howard County will deploy telehealth among residents that are discharged to return home to address hospital prevention quality indicator (PQI) conditions; the telehealth project will include real time remote patient monitoring, video conferencing, care schedule coordination, and call response. Union Hospital of Cecil County will deploy telehealth among their patients who are discharged to return home to address hospital PQI conditions; a care management team will monitor patient data and communicate trends indicating impending symptom exacerbation to participating primary care providers. A total of $90,000 in grant funding was awarded collectively to all three grantees that are required to provide a 2:1 financial match. The telehealth projects will begin next month and are scheduled to conclude in June of 2016.

Staff continues to provide guidance to the three telehealth grantees awarded funding in October 2014 to assess the impact of their telehealth interventions on improving care coordination between a hospital and CCFs. These telehealth grantees received a combined total of $87,888 in grant funding, with a 1:1 financial match required by each grantee. The grantees are: (1) Atlantic General Hospital Corporation in partnership with Berlin Nursing and Rehabilitation Center; (2) Dimensions Healthcare System in partnership with Sanctuary of Holy Cross; and (3) University of Maryland Upper Chesapeake in partnership with the Bel Air facility of Lorien Health. Staff is working with the grantees to address challenges related to incorporating the telehealth technology into workflows and establishing comfort levels for staff using telehealth at the CCF, hospital, as well as patients and their families. Next month, staff plans to hold a telehealth learning session with the grantees to discuss these challenges, share lessons learned, and explore potential solutions that can help mitigate the challenges. Staff also plans to hold a webinar next month as a follow-up to the Telehealth Symposium held in Annapolis this past February. The webinar will showcase the work of the three grantees and include an update on the status of the telehealth projects since February.

Innovative Care Delivery

During the month, staff reached out to providers participating in a patient centered medical home (PCMH) that is recognized by the National Committee for Quality Assurance (NCQA) to explore their participation and interest in MHCC's PCMH Transformation Workgroup (PTW). The PTW is tasked with developing recommendations for expanding advanced primary care models in the State at the conclusion of the Maryland Multi-Payor PCMH Program (MMPP), which sunsets on December 31, 2015. In July, the PTW will convene to discuss opportunities for establishing industry standards across elements of innovative care delivery models, such as patient attribution, evaluation, and quality measure reporting.

During the month, staff provided support to MMPP practices as they finalized their quality measure reporting. Quality measures are used to determine eligibility for shared savings incentive payments. Staff also worked with commercial payors and Medicaid managed care organizations on submitting their MMPP eligibility files to MHCC. Eligibility files are used to calculate patient attribution for fixed transformation payments, which are due to practices in July. In addition, staff provided the Health Services Cost Review Commission (HSCRC) with information on the number of clinicians and practices in Maryland that have obtained NCQA PCMH recognition for 2012 through 2015. NCQA PCMH recognition emphasizes systematic use of patient centered, coordinated care management processes.

Staff provided support to the Maryland Learning Collaborative in a half-day MMPP practice educational session. As part of the event, Aetna, Cigna, CareFirst and UnitedHealthcare presented the benefits of their advanced care delivery program and provided an overview of the practice application process. Practices will migrate to a commercial carrier's advanced care delivery program at some point over the next six months. During the event, staff addressed questions from practices around the transitioning process. Staff plans to continue working with the 52 MMPP practices to ensure a smooth transition to a commercial carrier's advanced care delivery program. During the month, staff also worked with Medicaid to finalize the shared

savings payments from managed care organizations for select MMPP practices for calendar years 2012 and 2013.

Electronic Data Interchange

Staff continues to collect and evaluate payors' 2015 Electronic Data Interchange (EDI) Progress Reports. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payors with premiums of $1M or more and select specialty payors to submit to MHCC by June 30th each year census level data on administrative health care transactions. The EDI Progress Reports identify the volume of practitioner, hospital, and dental claims submitted electronically, as well as compliance with the federal requirements for administrative transactions. Staff has received EDI Progress Reports from more than half of the 38 payors required to report. An information brief detailing EDI progress is scheduled for release at the end of this year.

National Networking

Staff attended several webinars during the month. The Electronic Healthcare Network Accreditation Commission presented, *Building Blocks for a Successful, Sustainable Population Health Management Network,* which explored the Accountable Care Organization model and the importance of a population health infrastructure to enable community-wide care coordination. The webinar discussed key functions that assure better population health, such as analytics beyond basic reporting, cost drivers, and patient and provider engagement, among others. Health Data Management hosted, *Insight Driven Action Deriving True Value from Data Analytics* that discussed the concepts of data quality and attributes including timeliness, completeness, usefulness, and proper data governance. ONC presented, *2015 Edition Health IT Certification Criteria,* which provided an overview of the components of the 2015 Edition Health IT proposed rule.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Two Requests for Proposals (RFP) for key support functions that include the CAHPS® Survey Administration and the HEDIS® Audit and Performance Evaluation of Commercial Health Benefit Plans were recently posted and pre-bid conferences are scheduled to take place on June 12, 2015. Staff has responded to several vendor inquiries and anticipates participation by multiple vendors in both pre-bid conferences.

Carrier audits for the 2015 public reporting period on health benefit plan quality are due to conclude later this month. MHCC and its audit partners continue to work closely with carriers during the post-onsite period to address outstanding questions and concerns related to the annual audit. Staff anticipates a successful 2015 audit.

Staff continues to work toward the development of the 2015 Health Benefit Plan Quality Report series with timely public reporting prior to the start of the State's open enrollment period anticipated before October 1, 2015. In addition, staff continues its commitment to support the Exchange in executing proxy quality reporting for Exchange plans prior to the Exchange's open enrollment period scheduled to begin on November 1, 2015.

Staff participated in the Baltimore Business Journal's Annual Spring Business Growth Expo in order to promote the current 2014 and upcoming 2015 quality report series.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care
A malfunction in one of the multiple key stroke sequences that perform a services search within the guide was identified and subsequently fixed. Additional information for users of the assisted living survey report feature was placed on the site. The information directs users to contact the Office of Health Care Quality (OHCQ) if a current or past report is not available on the Consumer Guide as OHCQ is the source of the information. Procedures for accessing the assisted living survey reports may change later in the year as OHCQ makes improvements to its ability to display the report of deficiencies and plans of correction.

Nursing Home Experience of Care Surveys
Consulted with the contractor to determine the most effective use of the follow up strategy for non-respondents to the original survey request. Emphasis will be placed on phone calls to short stay residents of nursing homes in an effort to boost response rates. As of June 8, 2015 100 nursing homes have sufficient returns for a facility specific short stay report. It is hoped that an additional 30-40 nursing homes can achieve sufficient responses through phone calls. Long stay response rates show that all but a few very small nursing homes will have a facility specific report this year.

Home Health Agency (HHA) Quality Initiative
Continue to work with CON staff to draft regulatory language incorporating quality standards for CON review.

LTC Staff Influenza Vaccination Survey
Data submission is closed. 100% of nursing homes and 99% of assisted living facilities completed the survey. The two assisted living facilities that have not complied received fining letters. The nursing home overall rate shows another increase from 79.3% to 85%. Assisted living rates have not been calculated as yet.

Other
CMS announced its intention to expand Minimum Data Set (MDS) focused surveys to all States and include a review of nursing home staffing. A pilot of the focused survey was conducted by Abt Associates in 2014 of five volunteer states; Maryland was one of the volunteer states. The major goals of the review is to: 1) evaluate adherence to MDS 3.0 reporting requirements such as complying with the required timelines for assessments, and 2) evaluate the comparability between the MDS 3.0 assessments and the resident's medical record. ***Although the pilot is not generalizable to all Maryland nursing homes because of the small sample size, it is noteworthy that Maryland records were found to have higher levels of disagreement between the MDS assessment and medical records than in other pilot states in the areas of restraint use, severity and frequency of falls, and falls with injury.***

Carol Christmyer created and manages the comprehensive Consumer Guide to Long Term Care http://mhcc.maryland.gov/consumerinfo/longtermcare/Default.aspx . Carol has RN, BS and MS degrees and is a Certified Professional in Health Care Quality. She has provided guidance on quality issues within MHCC including development of quality measures specific to home health and hospice in support of CON, and worked with the federal Centers for Medicare and Medicaid on the development of quality measures for home health and assisted living facilities. She was instrumental in creating Maryland specific long stay and short stay nursing home satisfaction surveys which are published in the guide and have helped improve the performance of nursing homes. The short stay services are now used in support of Maryland's Model Waiver program. After 10 years of dedicated service to MHCC and 20 years with the State, Carol is retiring from state service effective July 1, 2015.

Hospital Quality Initiatives

The Maryland Health Care Quality Reports
Over the past five years, the Quality Measures Data Center (QMDC) website and secure portal have supported direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC Quality Based Reimbursement (QBR) Program and efforts to

modernize the Medicare Waiver. The QMDC, a major component of the Hospital Guide infrastructure, has been transformed into a single point of consumer access to quality and performance information on hospitals, other health care providers and health plans in Maryland. The new Maryland Health Care Quality Reports website continues to evolve as we work towards implementation of AHRQ's new and improved MONAHRQ 6.0 software. Our next update to the website will incorporate the new software, new physician profile data, updated healthcare-associated infections data, CMS clinical measures and HCAHPS scores. The staff will utilize consumer focus groups to inform our activities and to ensure we address the interests and information needs of consumers. To that end, we recently held 3 focus group sessions to obtain feedback on the website. We focused specifically on the website homepage and the presentation of hospital charge and utilization data. Additional focus group sessions are planned for next month

The staff continues to work closely with the HSCRC and their Consumer Engagement Taskforce (established to support the new all payer model program). A demonstration of our new website before the consumer group is planned for later this month.

Healthcare Associated Infections (HAI) Data
Staff continues to work with hospitals on the new HAI data requirements that became effective January 1, 2015 including the expansion of CDI and MRSA bacteremia Lab ID event reporting into outpatient emergency departments and 24-hour observation units, as well as the expansion of catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infections (CLABSI) into adult and pediatric medical, surgical, and medical/surgical wards.

The staff continues to participate in bi-weekly meetings of a multi-state workgroup of the Council of State and Territorial Epidemiologists (CSTE). The workgroup is tasked with standardizing the display of HAI data for both consumer and health professional reporting. Conference calls are held bi-weekly.

Specialized Cardiac Services Data
The Commission also requires all hospitals with cardiac surgery programs to participate in the Society for Thoracic Surgery (STS) cardiac data base. This database supports the CON program and the health planning activities of the Center for Health Facilities Planning and Development. An audit of the STS data is now underway.